

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010448

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128
FILED MAR 19 1962

Primary Registration District No. 2000

Registrar's No. 3648

VS 300
Rev. 4/59

1 0397
2 0397
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4 0
5 1
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7 0
8 2
94344
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11
12 92-5
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Springfield</u>		c. CITY OR TOWN <u>Springfield</u>	
Length of stay in 1b <u>60yrs.</u>		Inside Limits <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>D.O.A.</u>		d. STREET ADDRESS (If outside, give location) <u>903 Chicago St.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Lorenzo</u> Last <u>Belt</u>		4. DATE OF DEATH Month <u>Mar.</u> Day <u>3</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 9 1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Frisco Section Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>	
11a. FATHER'S NAME <u>John Belt</u>		11b. MOTHER'S MAIDEN NAME <u>Adeline (unknown)</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		12b. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Presumed to be natural causes</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>UNATTENDED BY A PHYSICIAN</u> DUE TO (c) <u>Coroner of Greene County Notified</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Belt</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Deceased had been under treatment for heart trouble but had not seen physician for several months</u>	
20c. TIME OF INJURY Hour <u>3.15</u> a.m. <u>AM</u> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Greene</u> COUNTY <u>Missouri</u> STATE
21. I attended the deceased from <u>3.15 AM</u> to <u>3.15 AM</u> and last saw her alive on <u>3.15 AM</u> Death occurred at <u>3.15 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>G. T. H. Doubler, M.D.</u>		22b. ADDRESS <u>Greene Co Health Officer, Springfield, Mo</u>	
22c. DATE SIGNED <u>3-10-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-12-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bellview</u>	23d. LOCATION (City, town, or county) <u>Greene, Missouri</u>
24. FUNERAL DIRECTOR <u>Ralph Thieme</u>		25. DATE RECD. BY LOCAL REG. <u>3-12-62</u>	
26. REGISTRAR'S SIGNATURE <u>Effie S. McLean</u>			

(Licensed Embalmer's Statement on Reverse Side)

F. T. H. Doubler, M.D.
USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold Tuttle

Licensed Embalmer No. 5079

P. O. Address Spfld., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit issued 3-6-62